

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155329		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/10/2012	
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN 46219			
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F0000	<p>This visit was for Investigation of Complaints IN00117328 and IN00117665.</p> <p>Complaint IN00117328 Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F309.</p> <p>Complaint IN00117665 Substantiated. No deficiencies related to the allegation is cited.</p> <p>Survey dates: October 9 & 10, 2012</p> <p>Facility number: 000222 Provider number: 155329 AIM number: 100274950</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census bed type: SNF: 8 SNF/NF: 134 Total: 142</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a Desk review on or after 10/18/2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

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	<p>Census payor type: Medicare: 39 Medicaid: 79 Other: 24 Total: 142</p> <p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/10/12 Cathy Emswiller RN</p>						

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview the facility failed to ensure immediate notification, in that when a resident fell and</p>		F0157	<p>F157 Notify of changes (injury/decline/room, etc) It is the practice of this provider to ensure that all alleged violations involving Notify of changes (injury/decline/room, etc) are</p>		10/18/2012	

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	<p>sustained a fracture, the nursing staff failed to immediately notify the resident's physician of the results of the x-ray for possible intervention, and also failed to notify an interested family member of the condition of the resident for 1 of 3 recently admitted resident's reviewed for assessment and falls in a sample of 7. [Resident "A"].</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 10-09-12 at 11:30 a.m. Diagnoses included but were not limited to difficulty in walking, lymphedema, osteoarthritis, pain in joints (ankle and feet), and sleep apnea. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident was admitted to the facility on 09-24-12.</p> <p>A review of the Progress Notes dated 09-24-12 for 11:00 p.m.</p>			<p>provided in accordance with State and Federal law through established procedures. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? The resident no longer resides in the facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents who reside in the facility have the potential to be affected by the alleged deficient practice. All licensed nurses will be re-educated on MD and family notification of change in condition, timeliness of notification, and fax machine check frequency by the SDC or designee by 10/18/12</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? All licensed nurses will be re-educated on MD and family notification of change in condition, timeliness of notification, and fax machine check frequency by the SDC or designee by 10/18/12 The facility will in-service nursing and nurse management staff on fax machine document review. Licensed nurses will be required to complete hourly checks of the fax machine to monitor for any x-ray results requesting family and physician notification. DNS</p>			

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	<p>(recorded as Late Entry on 09-25-12 at 02:00 a.m.) indicated the following:</p> <p>"Writer found resident sitting on the floor next to bed, asked what happened says [resident] was trying to get to go use the bathroom and fell on the floor. ROM [range of motion] is WNL [within normal limits] to both upper and lower extremity, weakness and discomfort to lower extremity. Resident assessed and no injury at this time, denies hitting head. Resident assisted back to bed with three staff assist. Complain of hip pain at this time. MD [Medical Doctor] notified and x-rays ordered. Call light is within reach, will continue to monitor."</p> <p>The record indicated the local area mobile x-ray company came to the facility and performed the x-ray as ordered.</p> <p>Review of the x-ray results, dated 09-25-12 and faxed [facsimile] to</p>		<p>and IDT will review clinical records to ensure family and physician notification of any significant change Monday through Friday. The weekend supervisors will perform this review on Saturday and Sundays.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>Physician/family notification CQI audit tool will be completed once weekly x4, bi-weekly x2, and then monthly thereafter by the DNS or designee. Physician/family notification CQI audit tool will be reviewed monthly by the CQI Committee for 6 months after which the CQI team will re-evaluate the continued need for the audit. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 10/18/12</p>				

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	<p>the facility at 2:37 a.m., indicated "Impression: obese pt. [patient] left hip transtrochantric fracture of the left femur."</p> <p>Four hours after the nurse received the results of the x-ray the nurse indicated the following in the clinical record:</p> <p>Progress notes, dated 09-25-12 at 6:37 a.m. [date created 09-25-12 at 7:41 a.m.], indicated MD updated on results of the "L" [left] hip x-ray and orders given to send patient to the ER [emergency room] for evaluation."</p> <p>Progress notes, dated 09-25-12 at 7:00 a.m. [date created 09-25-12 at 7:42 a.m.], indicated "[Name of family member] called and updated on resident's status and being transferred to the ER for evaluation."</p> <p>Interview on 10-09-12 at 8:22 a.m. a concerned family member indicated, "[Resident] had been in</p>						

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	<p>the hospital previously and was considered a fall risk. When [resident] was admitted [resident] was concerned the floors were slick. We were assured someone would be available to help with going to the bathroom and that sort of thing and someone would be with [resident] at all times. [Resident] said the fall occurred around 11:30 p.m. or 11:45 p.m. the day of admission. [Resident] bumped [resident] head and broke [resident] hip. They didn't call me until the next morning and [resident] was already transferred to the hospital."</p> <p>Interview on 10-10-12 at 10:45 a.m. the Director of Nurses indicated "[Resident] fell and [resident] was own responsible party. An assessment was done and the resident had some minor discomfort. The nurse [licensed practical nurse employee #8] notified the Doctor and got an order for an x-ray. Range of Motion was done and everything was within</p>						

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	<p>normal limits. The nurse notified the family member before the end of his shift."</p> <p>Review of the facility policy on 10-10-12 at 9:15 a.m., titled "Resident Change of Condition," and dated as revised 3/10 [March 2010] indicated the following:</p> <p>"POLICY [bold type] It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective intervention occurs."</p> <p>"PROCEDURE 2. Acute Medical Change - a. Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician visit promptly and/or acute care evaluation. The licensed nurse in charge will notify the physician. c. The responsible party will be</p>						

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	<p>notified that there has been a change in the resident's condition and what steps are being taken."</p> <p>This Federal tag relates to Complaint IN00117328.</p> <p>3.1-5(a)</p>						

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview the facility failed to ensure a resident received immediate care and services, in that when a resident fell and sustained a fracture, the nursing staff failed to immediately notify the resident's physician of the results of the x-ray for possible intervention and caused a delay in treatment and evaluation for 1 of 3 recently admitted resident's reviewed for assessment and falls in a sample of 7. [Resident "A"].</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 10-09-12 at 11:30 a.m. Diagnoses included but were not limited to difficulty in walking, lymphedema, osteoarthritis, pain in</p>			F0309	<p>F309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING It is the practice of this provider to ensure that all alleged violations involving providing care/services for highest well being are provided in accordance with State and Federal law through established procedures. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? The resident no longer resides in the facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents who reside in the facility have the potential to be affected by the alleged deficient practice. All licensed nurses will be re-educated on MD and family notification of change in condition, timeliness of notification, and fax machine check frequency by the SDC or designee by 10/18/12 What measures will be put into place or what systemic</p>		10/18/2012

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	<p>joints (ankle and feet), and sleep apnea. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident was admitted to the facility on 09-24-12.</p> <p>A review of the Progress Notes dated 09-24-12 for 11:00 p.m. (recorded as Late Entry on 09-25-12 at 02:00 a.m.) indicated the following:</p> <p>"Writer found resident sitting on the floor next to bed, asked what happened says [resident] was trying to get to go use the bathroom and fell on the floor. ROM [range of motion] is WNL [within normal limits] to both upper and lower extremity, weakness and discomfort to lower extremity. Resident assessed and no injury at this time, denies hitting head. Resident assisted back to bed with three staff assist. Complain of hip pain at this time. MD [Medical Doctor]</p>				<p>changes will you make to ensure that the deficient practice does not recur? All licensed nurses will be re-educated on MD and family notification of change in condition, timeliness of notification, and fax machine check frequency by the SDC or designee by 10/18/12 The facility will in-service nursing and nurse management staff on fax machine document review. Licensed nurses will be required to complete hourly checks of the fax machine to monitor for any x-ray results requesting family and physician notification. DNS and IDT will review clinical records to ensure family and physician notification of any significant change Monday through Friday. The weekend supervisors will perform this review on Saturday and Sundays.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Physician/family notification CQI audit tool will be completed once weekly x4, bi-weekly x2, and then monthly thereafter by the DNS or designee. Physician/family notification CQI audit tool will be reviewed monthly by the CQI Committee for 6 months after which the CQI team will re-evaluate the continued need for the audit. If threshold of 95% is not achieved an action plan will be developed to ensure</p>		

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	<p>notified and x-rays ordered. Call light is within reach, will continue to monitor."</p> <p>The record indicated the local area mobile x-ray company came to the facility and performed the x-ray as ordered.</p> <p>Review of the x-ray results, dated 09-25-12 and faxed [facsimile] to the facility at 2:37 a.m., indicated "Impression: obese pt. [patient] left hip transtrochantric fracture of the left femur."</p> <p>Four hours after the nurse received the results of the x-ray the nurse indicated the following in the clinical record:</p> <p>Progress notes, dated 09-25-12 at 6:37 a.m. [date created 09-25-12 at 7:41 a.m.], indicated MD updated on results of the "L" [left] hip x-ray and orders given to send patient to the ER [emergency room] for evaluation."</p>			<p>complianceDeficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 10/18/12</p>			

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	<p>Progress notes, dated 09-25-12 at 7:00 a.m. [date created 09-25-12 at 7:42 a.m.], indicated "[Name of family member] called and updated on resident's status and being transferred to the ER for evaluation."</p> <p>Interview on 10-09-12 at 8:22 a.m. a concerned family member indicated, "[Resident] had been in the hospital previously and was considered a fall risk. When [resident] was admitted [resident] was concerned the floors were slick. We were assured someone would be available to help with going to the bathroom and that sort of thing and someone would be with [resident] at all times. [Resident] said the fall occurred around 11:30 p.m. or 11:45 p.m. the day of admission. [Resident] bumped [resident] head and broke [resident] hip. They didn't call me until the next morning and [resident] was already transferred to the hospital."</p>						

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	<p>Interview on 10-10-12 at 10:45 a.m. the Director of Nurses indicated "[Resident] fell and [resident] was own responsible party. An assessment was done and the resident had some minor discomfort. The nurse [licensed practical nurse employee #8] notified the Doctor and got an order for an x-ray. Range of Motion was done and everything was within normal limits. The nurse notified the family member before the end of his shift."</p> <p>Review of the job description on 10-10-12 at 9:15 a.m., for "Charge Nurse - Position Description" and dated 07-31-05 indicated the following:</p> <p>"SUMMARY OF POSITION FUNCTIONS" [bold type and underscored] - As a member of the interdisciplinary team, the Unit Charge Nurse assumes planning, responsibility, and accountability for resident care of a designated unit for one shift and in accordance</p>						

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	<p>with Federal and State regulations and company/facility policies, procedures and care plans."</p> <p>"ESSENTIAL POSITION FUNCTIONS" [bold type and underscored] - Clinical: Immediately informs the resident, consults with physician, and notified the designated family member and/or legal representative when there is an accident involving an injury which has potential for physician intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly or a decision to transfer or discharge from the facility or change roommate/room of the resident."</p> <p>This Federal tag relates to Complaint IN00117328.</p> <p>3.1-37(a)</p>						